



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



November 7, 2012

Mahmood Babaeian
Taxi Leasing, Inc.
Yellow Cab Co. & Thousand Oaks
554 South Dawson Drive
Camarillo, CA 93012

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

HEARING ON APPLICATION
FOR TAXICAB OPERATOR & 12 TAXICAB VEHICLES
BUSINESS LICENSE ID# 139602

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 14, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff



BUSINESS LICENSE COMMISSION
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374 KENNETH HAHN HALL OF ADMINISTRATION
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Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....XXXXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXX
2ND PUBLISHING DATE:.....XXXXXX
3RD PUBLISHING DATE:.....XXXXXX

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

TAXICAB OPERATOR/ TAXICAB VEHICLES (12)

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....554 S. DAWSON DR
.....CAMARILLO, CA 93012
NAME OF APPLICANT:.....TAXI LEASING, INC.
.....YELLOW CAB CO. & THOUSAND OAKS/
.....MAHMOOD BABAEIAN
DATE OF HEARING:..... 11/14/2012
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

**OFFICE OF THE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012**

RETURN TO:

**LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012**



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 139602

BUSINESS INFORMATION

Type of Business: <u>Taxi cab Vehicle (12)</u> TAXICAB SERVICE	Address of Business: 554 S. Dawson Dr. Camarillo, Ca 93012 Business Telephone: (805) 659-6900	
DBA (Business Name): TAXI LEASING, INC. dba: YELLOW CAB CO & THOUSAND OAKS CAB CO.	Mailing Address: Same as above	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
Mahmood Babaeian		CEO
Masood Babaeian		President

APPLICANT INFORMATION

Applicant's Full Name: Masood Babaeian		
Home Address:		
Home Telephone:	Cell Phone:	Email address: westcoastpts@aol.com
Social Security #:	Date of Birth:	Place of Birth: Iran
Driver's License or State ID#:		Expiration Date: ()
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color <u>Black</u>		Eye Color <u>Brown</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7-12-12

Applicant's Signature:

Application taken by: DMB

Date: 7-24-2012

Taxi Leasing, Inc.
dba: Yellow Cab Co & Thousand Oaks Cab Co.
554 S.Dawson Dr.
Camarillo, Ca 93012
(805)659-6900
(805)465-5076 Fax

July 15th, 2012

Los Angeles County
Treasurer & Tax Collector
225 N.Hill Ave., Room 109
Los Angeles, Ca 90012

Ladies and Gentlemen:

Please accept this letter as a formal request by Taxi Leasing, Inc doing business as: Yellow Cab Co & Thousand Oaks Cab for a taxicab operator permit/license to operate taxicab services to the general public to serve the residents of the City of Agoura Hills (County of Los Angeles).

Yellow Cab & Thousand Oaks Cab have served the Cities of Thousand Oaks, Westlake Village, Newbury Park and Agoura Hills for the past 5 decades with highest customer satisfaction rating.

We transport large number of passengers and clients from Oak Park, Thousand Oaks , Westlake Village to Agoura Hills on a daily basis and would like to legally be able to pickup them up on their return trips.

I have contacted Ms.Renee Madrigal, associate city planner of the City of Agoura Hills and inquired about taxicab operator permit and she informed me in order for us to operate in the City of Agoura Hills we must be licensed by the County of Los Angeles, she also informed me that the City of Agoura Hills has no objection with our application for the license and they will support it.

We have contacted several business, hotels and residents and they are all in favor of Taxi Leasing getting the Taxicab operator permit. Attached please find the letters of support and signatures of the residents.

This demonstrates that there is an immediate need for Taxi Leasing to be allowed to operate in the City of Agoura Hills.

FICTITIOUS BUSINESS NAME STATEMENT

Return Mailing Address

Name: TAXI LEASING, INC.
Address: 554 S. DAWSON DR.
Camarillo, CA 93012
City: State: Zip Code:



mp

20120712-10009871-0 1/1
Ventura County Clerk and Recorder
MARK A. LUNN
07/12/2012 12:33:33 PM
630657 \$63.00 LE

See reverse side for instructions

1. Submit original FBN with original signature(s)
2. Filing fee \$53.00 for the first business and owner name plus an additional \$10.00 for each additional business name and/or owner name on the same statement.
3. Mail a check or money order to the address above. Provide a self addressed stamped envelope.

* 1A

State of incorporation: CALIF

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (attach additional page(s) if required)

1* Fictitious Business Name(s) (Type or Print Legibly)

- (1) YELLOW CAB Co.
- (2) THOUSAND OAKS CAB Co.

2** 554 S. DAWSON DR. CAMARILLO, CA 93012 VTA
Street Address of Principal Place of Business (P.O. Box or PMB are not acceptable) City State Zip Code COUNTY

3*** TAXI LEASING, INC.
Full name of 1st Registrant (Individual)/ Corporation/Limited Liability Company
554 S. DAWSON DR. CAMARILLO, CA 93012 VTA
Residence Address of 1st Registrant (P.O. Box or PMB are not acceptable) City State Zip Code

3***
Full name of 2nd Registrant (Individual)/ Corporation/Limited Liability Company
Residence Address of 2nd Registrant (P.O. Box or PMB are not acceptable) City State Zip Code

3***
Full name of 3rd Registrant (Individual)/ Corporation/Limited Liability Company
Residence Address of 3rd Registrant (P.O. Box or PMB are not acceptable) City State Zip Code

4**** THIS BUSINESS IS CONDUCTED BY: (Check one only)

- ☐ An Individual ☐ A General Partnership ☐ A Limited Partnership ☐ A Limited Liability Company ☐ A trust
☐ An unincorporated association other than a partnership ☒ A corporation ☐ Copartners ☐ Husband and Wife
☐ Joint Venture ☐ State or Local registered domestic partners ☐ A limited liability partnership

5*****

- ☐ The registrant commenced to transact business under the fictitious business name or names listed above on 7-12-12
Insert N/A if you have not yet begun to transact business. (Enter date or N/A)

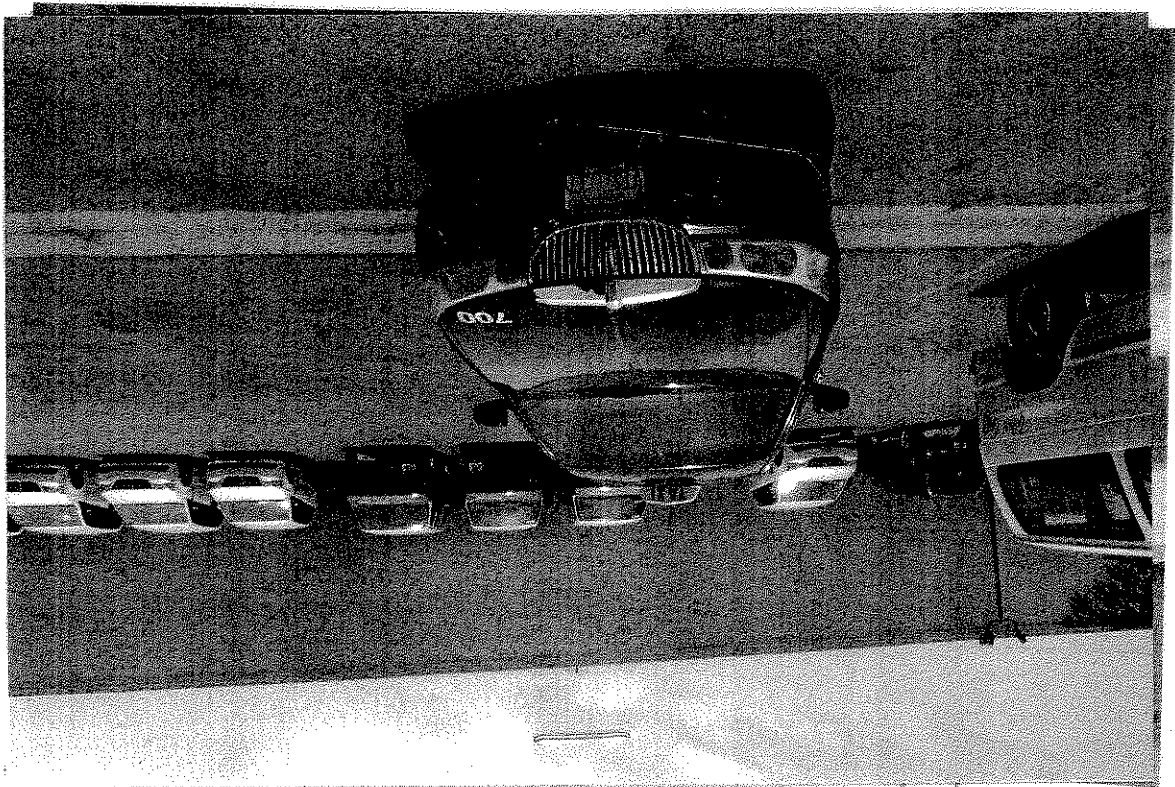
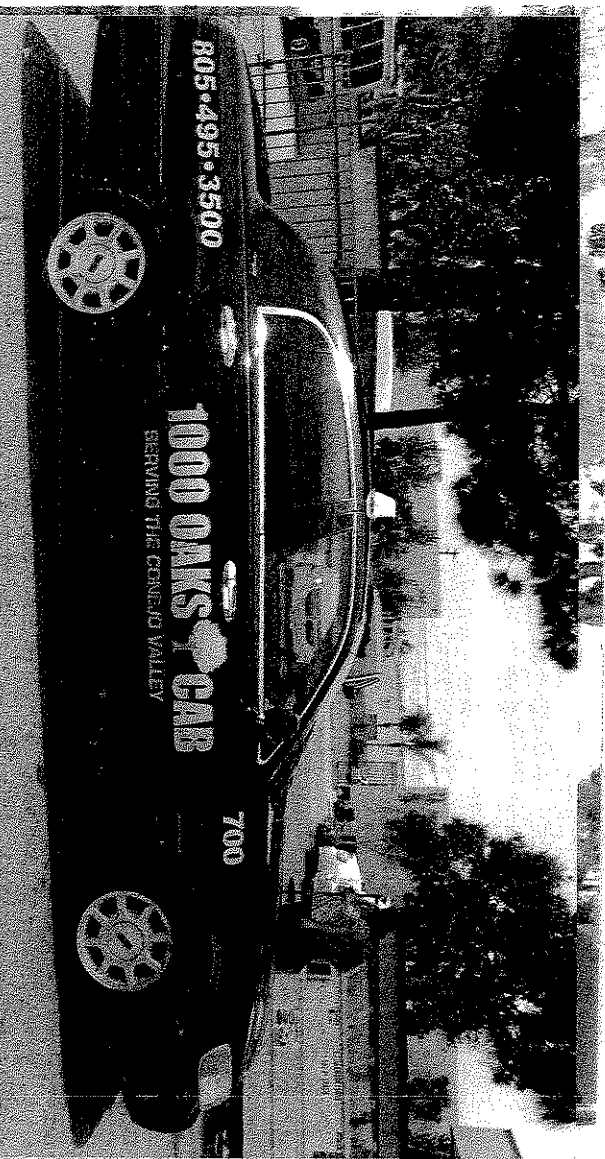
I declare that all information in this statement is true and correct.

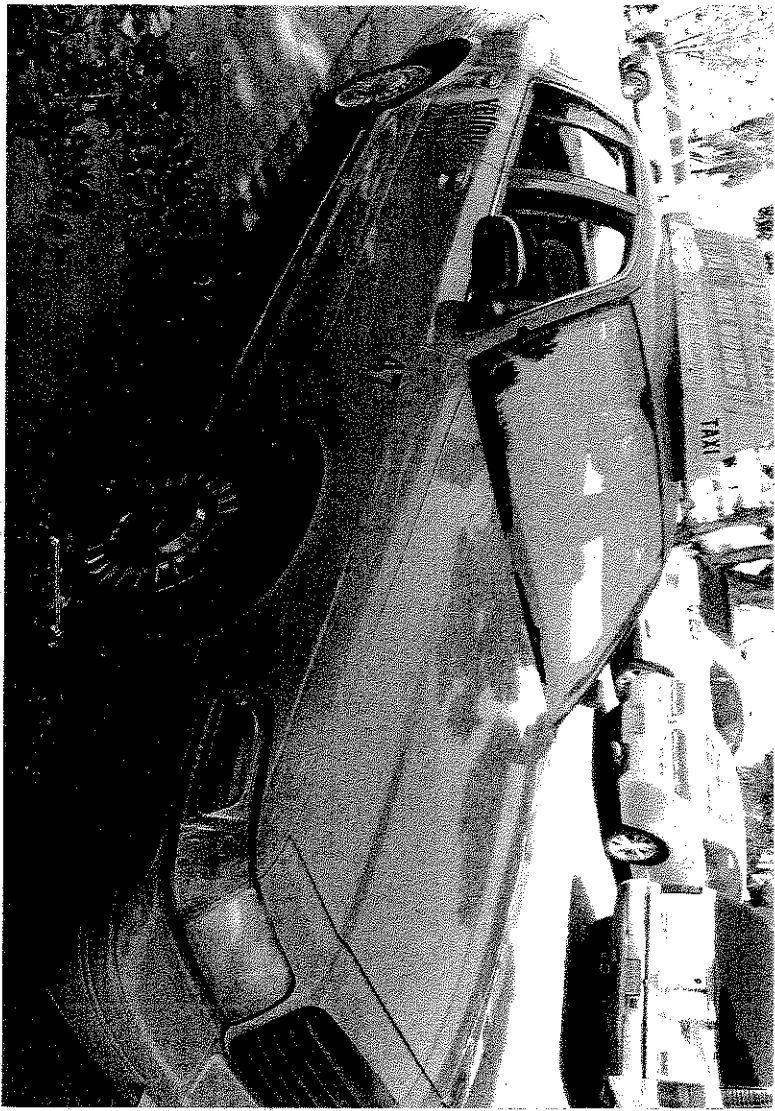
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANTS/CORP/LLC NAME TAXI LEASING, INC. TITLE CEO
Print Name of Registrant Print title if Corporations/LLC/LLP/LP
REGISTRANT SIGNATURE MAHMOOD BABAEIAN
If corporation, also print corporate title of officer, If LLC, also print title of officer or manager

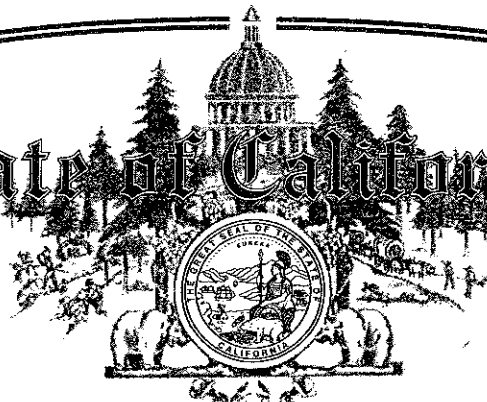
NOTICE-in accordance with subdivision (a) of Section 17920, a fictitious name statement generally expires at the end of five years from the date on which it was filed in the office of the county clerk, except, as provided in subdivision of section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in residence address or registered owner. A new fictitious business name statement must be filed before the expiration. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under Federal, State, or Common Law (see section 14411 ET SEQ., Business and Professions Code).

This statement was filed with the County Clerk of Ventura on the date indicated by the file stamp above.





State of California



2047723

SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 27 1999

Bill Jones

Secretary of State

2047723

ARTICLES OF INCORPORATION
OF
TAXI LEASING, INC.

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

OCT 27 1999

BILL JONES, Secretary of State

I

The name of this corporation is TAXI LEASING, INC.

II

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

L. MICHAEL MILLER
1931 ERBES ROAD
THOUSAND OAKS, CA 91362

IV

This corporation is authorized to issue only one class of shares of stock, designated "common stock"; and the total number of shares which this corporation is authorized to issue is: 200

V

The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California Law.

The corporation is authorized to provide indemnification of agents (as defined in Section 317 of the California Corporations Code) for breach of duty to the corporation and shareholders through bylaw provisions or through agreements with the agents, or both, in excess of the indemnification otherwise permitted by Section 317 of the California Corporations Code, subject to the limits on such excess indemnification set forth in Section 204 of the California Corporations Code.

Dated: October 27, 1999

Philip E. Black
PHILIP E. BLACK, Incorporator



County of Los Angeles
Board of Commissioners

The undersigned does business/reside in the City of Agoura Hills and is in Support of the
Taxi Leasing ,Inc. dba:Yellow Cab Co & Thousand Oaks Cab Co, applying for County of
Los Angeles Taxicab Operator Permit/License.

Name

Address

Signature

Hugo's
RESTAURANT

Agoura Hills
5046 Cornell Road
Agoura Hills, CA 91301
tel 818.707.0300
fax 818.707.0306

agoura@hugosrestaurant.com



James Swink
Promotions Coordinator

T: 818-991-4007
C: 805-427-4805
swink@sunset-room.com

29020 Agoura Road
Agoura Hills CA, 91301



Ph: 818-735-9744
Fax: 818-735-9760
www.grissinistoranteitaliano.com

30125 Agoura Road
Agoura Hills, CA 91301
(between Reyes Adobe & Kanan)



GREGORY M. YULISH
Owner

29105 CANWOOD STREET • AGOURA HILLS, CA 91301
(818) 597-8774 • GYULISH@WFBAKERY.COM



Sofia Rebellion
General Manager

Homewood Suites by Hilton®
Agoura Hills
28901 Canwood St
Agoura Hills, CA 91301
www.homewoodsuites.com

office 818 865 1000
direct 818 540 4301
fax 818 865 1091
sofia.rebellion@dimdev.com



Jason Fleming
Managing Partner

Agoura
5050 Cornell Road
Agoura Hills, CA 91301

T 818.597.8900
F 818.597.8964
W www.woodranch.com
E agoura@woodranch.com

blue table

GOURMET DELI / MARKET / CATERING

28912 Roadside Drive (Whizin Market Square)
Agoura Hills, CA 91301
Tel: 818 597 blue (2583)
Fax: 818 597 1867
bluetableagourahills@gmail.com

www.bluetable.net

Pete Gomez

Diane Gomez

The
LATIGO KID

Mexican Restaurant & Cantina

Whizin Shopping Mall
28914 Roadside Dr., Agoura Hills, CA

Ph: (818) 889-1195
Fax: (818) 889-3909

County of Los Angeles
Board of Commissioners

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Name

Address

Signature

THE LAB
brewing co

mariabella
salon

5015 Cornell Rd., Ste E

Agoura Hills, CA 91301

818.707.7779

mariabellasalon.com

GUY MATTHEW
SALON • DAY SPA

Tiffany Elkin
Stylist

818-889-0212

805-371-0515

www.guymatthew.com/tiffany_elkin

30115 Agoura Road, Agoura Hills California 91301



Lance Sterling

28912 Roadside Drive • Agoura Hills, CA 91301 • 818.879.5016
www.CanyonClub.net • Fax: 818.879.1977 • Cell: 805.657.9201 • Lance@canyonclub.net



Lose Weight, Gain life

The Leangevity Center

5029 Kanan Road, Agoura Hills, CA 91301
818-707-0877 Fax 818-707-0280



Sheraton

County of Los Angeles
Board of Commissioners

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Name

Address

Signature

Sheila - CARAMI 28871-Agoura Rd 5/5/10

Passion Cleaner 5015 Cornell Rd #6. Bluebird

Betty Melber Agoura Hills Dance Betty Melber

Jason (mark) 5015 Cornell Rd Agoura Hills 9/13/01

Johnny Rodets 5015 Cornell Rd #6 Agoura Hills 9/13/01

AREERAT UBOLKED 29045 Agoura Rd, Agoura Hills 9/13/01

SUNSET ROOM 29020 AGOURA RD.

Leaque Pilates 29020 Agoura Rd. Agoura Hills

Isabella's Italian Kitchen 29020 Agoura Rd Agoura Hills J. H. H.

Adobe Cantina 29100 Agoura Rd Agoura Hills J. H. H.

Freebirds 29125 Canwood St Agoura Hills Chile yata



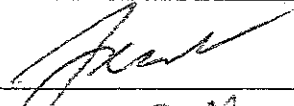
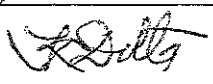




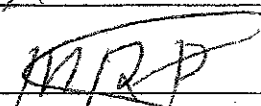
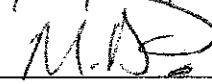
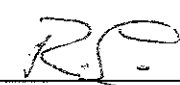
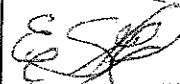
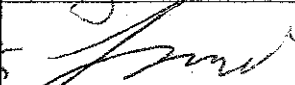
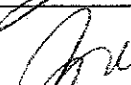

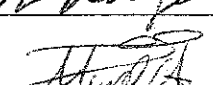
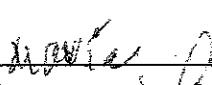

Angel Cafe 5687 Kanan Road Agoura Hills Kani.

Majesty Cleaners 5679 Kanan Road Agoura Hills D

**County of Los Angeles
Board of Commissioners**

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[illegible]

Name	Address	Signature
Rajesh Kumar	410 Deer Run Ln, 172 Oak Park	
Ram Ramalingam	410 Deer Run Ln, 172 Oak Park	
Jee Shyue	61 Locust	
Koushik Datta	745, Arrowood Lane Apt 191, Oak Park CA 91327	
May Caltress	Falconview 6817	
Miriam Velozquez	5615 FOXWOOD	
John Dechere	410 Sunny Vista 6606	
Mary Carmel	Smocktree	
Maria	Pine 1106420	
Dinda	5250 Pestoway	
Rosa L.	5256 Pestoway	
Ester Gal	Creshill 433	
Linda Hall	372 Medea Creek	
Martines	tip day 6270	
Maryam	970 Quarterhorse	
Micarlaga ^{ez} no 809	216 smok tree	
Maria	Bromely 5109	
Moishe Shur	225 Locust	

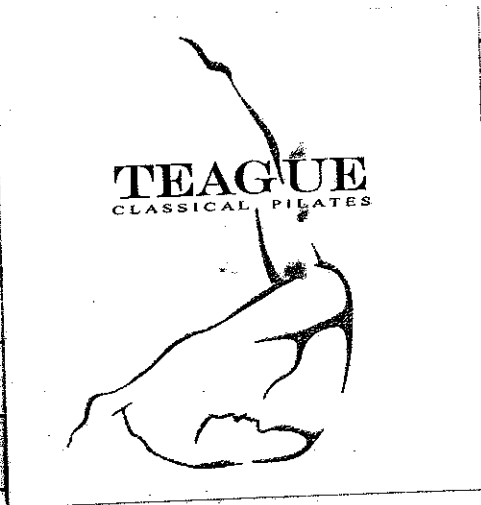
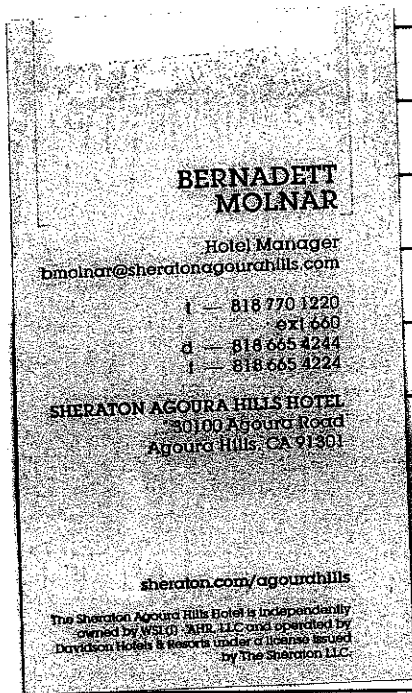
Nombre	Domicilio	Firma
Blanca	1094 LAMBOURNE	Blanca Escobar
Veronica Portillo	6017 ALEXANDRA	Veronica Portillo P.
ROSA ARAEDON	6059 ALEXANDRA	Rosa Araedon
Maria Fuentz	6035 MANDEVILLE	Maria Fuentz
Maria	6035 MANDEVILLE	Maria
Agustina Jacinto	6108 Deetbrod	Agustina Jacinto
Vilma R. Han	256 VALERO CI.	Vilma R. Han
Maria Rodriguez	5525 Wembly	Maria Rodriguez
Juana. R.	6631 Tamarind	aguara Hills
MINERVA M.	6651 BOSTON WOOD	Minerva M.
Edith Salano	1364 King James, 900 Lamborn	Edith Salano
Luma	8196 Deet Hill	Luma Salano
Maria Rodriguez	Pavilions LOCUS 6190	Maria J Rodriguez
Maria Berthe Zetina	53 SMOX TREAU	Maria Berthe Zetina
Maria Antinella	Monte Leon #728	Maria Antinella
Doris Geo	332 Turin Street	Doris M. Geo
FRANK GLAS	6601 BAYBERRY ST.	Frank Glas
JUAN LOPEZ	6532 PIONEER	Juan Lopez
Hortencia Rafael	5225 Carmento	Hortencia Rafael

[illegible]

County of Los Angeles
Board of Commissioners

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Name Address Signature



County of Los Angeles
Board of Commissioners

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Taxi Leasing ,Inc. dba: Yellow Cab Co & Thousand Oaks Cab Co, applying for County of
Los Angeles Taxicab Operator Permit/License.

Name	Address	Signature
Sheraton Agoura	30100 Agoura Rd, 91301	[Signature]
April Moe	The LAB 30105 Agoura Hills, CA	[Signature]
Guy Matthew Salon	30115 Agoura Hill 91301	[Signature]
MISSINI MISTONATE ITALIANO	30122 Agoura Rd	[Signature]
FUTURE TRACK	30123 Agoura Rd STE A	[Signature]
JMP Physical Therapy	30135 Agoura Rd	[Signature]
Graphoids	30135 Agoura Rd STE A	[Signature]
ASHLEY BAERSEN	5031 KANAN RD AGOURA	[Signature]
Leangevity Center	5029 Kanan Rd Agoura	[Signature]
Nick Rail Music	5023 Kanan Rd Agoura Hills	[Signature]
Estate Diamond Exchange	5017 Kanan Rd Agoura Hills 91301	[Signature]
Dan Chang	5015 Kanan Road 91301	[Signature]
Denise Orr	5013 Kanan Road 91301	[Signature]
Pool N Spa Emporium	5011 KANAN RD AGOURA HILLS CA 91301	[Signature]
Wood Ranch	5050 Cornell Rd Agoura CA 91301	[Signature]
Hugos	5046 Cornell Rd Agoura Hills CA	[Signature]
Blue table	28912 Roadside Dr. Agoura CA	[Signature]
Antiques and More	28912 Roadside Dr. Agoura Hills	[Signature]
The Eat and Sleep Boutique	28977 Roadside Dr. Agoura Hills CA 91301	[Signature]

Nombre	Domicilio	Firma
Ana Flores	OAK SPRINGS 6890	Ana Flores
MARIA PALMA	785 OAK BRANCH	maria palma
Jessica Cattarino	1476 PATHFINDER	Jessica
Emilly Zavala	6091 Mandanville	Emilly Zavala
BIANCA mendez	1316 KING JAMES	BIANCA mendez
TERESA RUIZ	423 cresthill	TR
MARITZA	5035 ^{WAGNER} WARNER	MARITZA
Judith Balmer	5198 DRIFT Wagner	Judith Balmer
Lesbia V. Hernandez	730 Admiral Court	Lesbia Hernandez
Armida	490 messina	Armida
FLOS FLORES	185 LOCUST	FLOS FLORES MARTIN CANPOS
Magda Lopez	4823 Parma	Magda S.
Isabel Rivas	1261 Falling Creek	Isabel Rivas
Sonia Rivera	6019 Caledonia 91377	Sonia Rivera
TERESA BORTON	1282 Briarsgate	T. B. Borton
Dora Cortez	Sabrosa 56	Dora A. Cortez
Marta Toledo	Sabrosa 56	Marta Toledo
Luis Canche	28947 T.O #201	Luis A. Canche

County of Los Angeles
Board of Commissioners

The undersigned does business/reside in the City of Agoura Hills and is in Support of the
Taxi Leasing ,Inc. dba: Yellow Cab Co & Thousand Oaks Cab Co, applying for County of
Los Angeles Taxicab Operator Permit/License.

Name

Address

Signature

R. Boyd

Good Nite Inn, 26557 Agoura Rd, CALABASAS, CA, 91302

Joseph with Yellow Cab of Thousand Oaks provides
a reliable service for the Guests at Good Nite Inn
in an extremely timely manner. Guests are picked
and frequent - LAX, Universal, Burbank airport,
Hollywood and the Malibu coastline and Pepperdine
University.

We really appreciate his excellent service for our
guests.

Respect

R Boyd, General Manager

818-882-6000

RATES

\$ 2.25	FIRST 1/10 MILE OR 28 SECONDS OR FRACTION THEREOF
35¢	EACH ADDITIONAL 1/10 MILE
35¢	EACH 28 SECONDS WAITING TIME AND/OR TRAFFIC DELAY
\$45.00	EACH HOUR WAITING TIME AND/OR TRAFFIC DELAY
\$10.00	MINIMUM CHARGE FOR CREDIT CARDS

(Recommended tire pressure 40 lbs psi)

DTR#/PKT#	J	DEBTOR NAME	ADDRESS/CLIENT	SC/D	ASGN/CLI#	PRIN/BAL
ALL MAJOR CARDS ACCEPTED** NO PERSONAL CHECKS DRIVER IS NOT RESPONSIBLE FOR ITEMS LEFT IN CAB INQUIRIES OR COMPLAINTS SHOULD BE DIRECTED TO: YELLOW CAB CO & THOUSAND OAKS CAB CO 554 S. DAWSON DR. CAMARILLO, CA 93012 (805)659-6900						
1-12112710		SCOTT, GLASPIE LAVO	37145 JULIAN LN	FWD	03-18-10	265.00
193654			DPSS CALWORKS OVER TE2	14080		265.00
2-12112719		SCOTT, GLASPIE LAVO	37145 JULIAN LN	FWD	03-18-10	345.00
193654			DPSS CALWORKS OVER TE2	14080		345.00
3-12122358		GLASPIE, LAVONIA	4209 DEEBAY AVE	RTS	03-24-10	2000.00
193654			LACERA RETIREMENT	LBD	79287	0.00
4-12682425		GLASPIE, LAVONIA	37145 JULIAN LN	ACT	09-11-12	106.00
			DPSS CALFRESH OVER LBR	14084		106.00
5-12682431		GLASPIE, LAVONIA	340 RAINBOW TERRACE	ACT	09-11-12	87.00
			DPSS CALFRESH OVER LBR	14084		87.00
6-12682437		GLASPIE, LAVONIA	37145 JULIAN LN	ACT	09-11-12	319.00
			DPSS CALFRESH OVER C8	14084		319.00
7-12682443		GLASPIE, LAVONIA	37145 JULIAN LN	ACT	09-11-12	145.00
			DPSS CALFRESH OVER LBR	14084		145.00
8-12682449		GLASPIE, LAVONIA	37145 JULIAN LN	ACT	09-11-12	87.00
			DPSS CALFRESH OVER LBR	14084		87.00
9-12682455		GLASPIE, LAVONIA	37145 JULIAN LN	ACT	09-11-12	47.00
			DPSS CALFRESH OVER WIO	14084		47.00

Line#,Account#,'Q' = S1

1 Sess-1 10.48.158.147 1 24/22



CERTIFICATE OF LIABILITY INSURANCE

WESTC-

OP ID: LB

DATE (MM/DD/YYYY)

07/16/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
American Business Ins Services
32107 Lindero Canyon Rd #120
Westlake Village, CA 91361
David Haley

800-980-1950

800-980-1960

CONTACT NAME

PHONE (A/C No. Ext)

E-MAIL

ADDRESS

FAX (A/C No.)

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **Ullico Casualty Company**

37893

INSURER B: **Evanston Insurance Company**

35378

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Taxi Leasing Inc**
dba Yellow Cab
Thousand Oaks Cab Co
554 S. Dawson
Camarillo, CA 93012

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR / WGT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		11TGL000001-53	06/18/12	06/18/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		12UCC2153	01/19/12	01/19/13	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 15/30 \$ UMBI/UIMBI
B	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	12CAX1064	01/19/12	01/19/13	EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCS112838-03	06/09/12	06/09/13	<input checked="" type="checkbox"/> WC STATL-TORY LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured.

10 days notice of cancellation in the event of non payment of premium.

CERTIFICATE HOLDER

CANCELLATION

Los Angeles County
Business/Tax Collector
225 N. Hill Ave., Ste 109
Los Angeles, CA 90012

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David C. Haley

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **TAXICAB OPERATOR**

ADDRESS OF BUSINESS: **554 S DAWSON DR, CAMARILLO, CA 93012**

TELEPHONE: **(805) 659-6900**

OWNER OF BUSINESS: **TAXI LEASING, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **YELLOW CAB C. & THOUSAND OAKS**

MAILING ADDRESS: **554 S DAWSON DR, CAMARILLO, CA 93012**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

10-24-12

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: TAXICAB OPERATOR

ADDRESS OF BUSINESS: 554 S DAWSON DR, CAMARILLO, CA 93012

TELEPHONE: (805) 659-6900

OWNER OF BUSINESS: TAXI LEASING, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YELLOW CAB C. & THOUSAND OAKS

MAILING ADDRESS: 554 S DAWSON DR, CAMARILLO, CA 93012

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT
LA COUNTY**

APPROVAL



DENIAL

RECOMMENDATION:

Insurance requirements met.

SIGNATURE:

Kerry Fusa

DATE:

7/31/2012

BASIC LICENSE NO. 1502

DATE 07/25/12

IDENTIFICATION NUMBER 139602

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

912-00940

Veronica

KIND OF BUSINESS: TAXICAB OPERATOR

ADDRESS OF BUSINESS: 554 S DAWSON DR, CAMARILLO, CA 93012

TELEPHONE: (805) 659-6900

OWNER OF BUSINESS: ~~TAXI LEASING, INC.~~ 72

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YELLOW CAB C. & THOUSAND OAKS

MAILING ADDRESS: ~~554 S DAWSON DR, CAMARILLO, CA 93012~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Wip 53647D

DATE:

7/26/12 8/1/12

BASIC LICENSE NO. 1502

DATE 07/25/12

7/26

IDENTIFICATION NUMBER 139602

PKS